CHRONOLOGICAL RECORD OF WELL-BABY CARE or use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon G

1 01 00	DOB	1, 000 7 11 10 00, 111	WEIGHT		GHT	PKU	
SIGNIFICANT NEONATAL HX			WEIGHT		J	i ko	
DATE OF VISIT							
AGE			2 weeks		2	months	
			2 weeks		2	months	
WEIGHT							
HEIGHT							
HEAD CIRCUMFERENCE							
SUBJECTIVE (HISTORY)		Prenatal Hx:			Breast / Formula		
4 555000		Trienatarrix.			Breast / Formula		
1. FEEDING		Family Hx:			Stools/Day Voids Looks at face Coos		
2. FORMULA/BREAST			a		Smiles responsively		
		Breast / Formula Stools/Day Voids Stares at			Follows with eves		
SOLIDS		light F	Reacts to loud noise	_ claice at	Responds to music		
VITAMINIC/ELOUDIDE		Smiles spontaneously			Sleep pattern		
VITAMINS/FLOURIDE		Lifts head when prone			Allergies		
3. ELIMINATION		Fist to mouth			Current meds		
	Sleep pattern			Parental concerns _	 		
4. GROWTH AND DEVELOPMEN	Т	Allergies					
5. PARENTAL CONCERNS		Current meds					
		Parental concerns					
OBJECTIVE							
PHYSICAL EXAM							
NUTRITION							
HEAD/FONTANEL							
EENT							
NECK/CLAVICLES							
LUNGS							
HEART							
ABDOMEN							
GENITALIA/HERNIA							
HIPS/SPINE							
EXTREMITIES							
SKIN							
NEUROLOGICAL							
ASSESSMENT							
PLANS AND COUNSELING							
		Car seat used			Car seat used	 	
SAFETY		Discussion and handouts given on nutrition,			Discussion and handouts given on nutrition,		
FEEDING		safety, and growth and development.			safety, and growth a	nd development.	
		Normal saline nose drops with instructions			DPT/OPV# H	IB # order / defer	
GROWTH AND DEVELOPMEN	Т	given. Newborn blood screening test ordered.			Tylenol drops		
IMMUNIZATION		Parents verbalized understanding of instruc-				nderstanding of instruc-	
NEXT VISIT		tions. Return to clinic at age				c at age	
		EXAMINED BY			EXAMINED BY		
PATIENT'S IDENTIFICATION (Name	last first	middle grade	REMARKS				
date, hospital or medical facility	, اناعا, ۱۱۱عل	mudie, grade,	LINIAINO				
date, neepital of medical lability							

SIG	NIFICANT NEONATAL HX	DOB		WEIGHT	HEI	GHT	PKU	
AGE			3 to 4 months			6 to 8 months		
WEIGHT				3 to 4 months		6 to 6 months		
	GHT							
	AD CIRCUMFERENCE							
			Breast / Formula			Breast / Formula		
SUBJECTIVE (HISTORY)								
1.	1. FEEDING		Solids Voids			Solids Voids		
							a-Da/Ma-Ma	
2. FORMULA/BREAST			Laughs Reaches Holds head steady				Crawls	
001100			Rolls front to back			Rolls back to front		
SOLIDS						Sits with support / alone		
VITAMINS/FLOURIDE 3. ELIMINATION			Brings hands to midline					
			Head and chest up when prone			Pulls up to knee / stands		
			Sleep pattern			Sleep pattern		
						Teething		
4.	4. GROWTH AND DEVELOPMENT				Allergies			
5	PARENTAL CONCERNS					Current meds		
<u>J.</u>	TAKENTAL CONCENNO		Parental concer	ns		Parental concerns		
	JECTIVE /SICAL EXAM							
	NUTRITION							
	HEAD/FONTANEL							
	EENT							
NECK/CLAVICLES								
	LUNGS							
	HEART							
	ABDOMEN							
	GENITALIA/HERNIA							
HIPS/SPINE								
	EXTREMITIES							
	SKIN							
	NEUROLOGICAL							
ASSESSMENT								
PLANS AND COUNSELING			Car seat used			lpecac syrup given w	vith instructions.	
	SAFETY		_	Discussion and handouts given on nutrition,			Ipecac syrup given with instructions. Discussion and handouts given on nutrition,	
			safety, and growth and development.			safety, and growth a	=	
	FEEDING		DPT/OPV # HIB # order / defer				IB # order / defer	
	GROWTH AND DEVELOPMENT		Tylenol drops			Tylenol drops		
	IMMUNIZATION		Parents verbalized understanding of instruc-			Parents verbalized understanding of instruc-		
	NEXT VISIT			linic at age		tions. Return to clinic at age		
			EXAMINED BY			EXAMINED BY		
	TENT'S IDENTIFICATION (Name, e, hospital or medical facility	last, first,	middle, grade,	REMARKS				